

TELEMEDICINE VISITS: Telemedicine or Video Call appointments with our providers are still considered an office visit and will be billed as such. This means that a co-pay is due at the time of service or if by chance it is not collected on the day of your visit it will be due at the next visit along with the co-pay that will be due for that visit.

Failure to keep your account balance current may require us to cancel or reschedule your appointment.



**ADVANCED FAMILY MEDICAL CARE
4002 W PARK BLVD
PLANO, TX 75093
PHONE: 972-985-8000
Fax: 972-985-0050**



PATIENT FINANCIAL POLICY

Please read and review this entire document. Advanced Family Medical Care (AFMC) strives to provide our patients with the best care possible, including keeping clear, concise Financial Policies. If there are any questions, please let the front desk know for further clarification or you may contact us at 972-985-8000.

PAYMENT: Payment is expected at the time of service. If your deductible has not been met, or a percentage is your responsibility, we may ask for a partial payment when services are rendered. Even though insurance will be filed, you are responsible for any balance after insurance processes your claim. All charges for treatment become due and payable sixty (60) days after the date of service or once your bill has been generated... These periods allow sufficient time to process insurance and make payment in full of any remaining balance. There will be a \$25 charge for

returned checks. If not paid within 60 days, AFMC will begin various collection activities including, but not limited to submitting the past due account to a collection agency.

SELF PAY PATIENTS: If you do not have any insurance at the time of your visit, please let the front office know so that we can provide you with accurate cash pay prices. We aim to provide our patients with competitive pricing for our services.

MANAGED CARE: All managed care (HMO, PPO, etc.) co-payment amounts are due at the time of service. The patient must notify their insurance plan that their PCP will be Dr. Ahtaram Khan MD, prior to their appointment to ensure that their appointment is covered. Failure to contact your insurance plan could result in the insurance plan not covering the visit and the balance would be considered patient responsibility. If your insurance plan requires a referral authorization from a primary care physician please present this at your initial visit. If you request an office visit or surgery without a referral authorization your insurance plan may deem this as “**out of network**” or “**non covered**” treatment, and you will be responsible for a larger amount or all of the charges. The patient acknowledges that it is the patient’s

responsibility to be aware of what services are covered, if the specialist referred to is in network, and agrees to pay for any service deemed to be not covered or not authorized by the plan.

MEDICARE: AFMC is a participating provider with the Medicare program and accept as payment, the Medicare allowable, patient deductible and/or 20% co-insurance. If you have supplemental insurance to cover the portion of the charges that Medicare does not pay, please provide us with a copy both your traditional Medicare card as well as your secondary/supplemental insurance cards. Medicare or secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding. If your insurance does not cover the charges, you understand that you will be responsible for these charges.

SECONDARY INSURANCE: The Texas Department of Insurance requires the patient to provide secondary insurance coverage to the provider if applicable. Patient agrees to provide such information. Patient agrees to immediately notify provider of any future additions, changes or deletions in primary or secondary insurance coverage.

If you have **Medicaid** coverage of any kind, you must notify us prior to your visit. This is part of your agreement with Medicaid, and failure to notify us of Medicaid coverage will result in full financial responsibility for services rendered.

Before receiving services, you must verify that we are participating providers for your insurance company. It is also necessary that our primary care physician is listed as your primary care provider with your insurance company. In the event we are not participating providers or our physician is not listed as your primary care provider with your insurance company, we will file the initial claim as a courtesy. Payment, however, is due in full at the time of service.

We will send a statement (to the billing address you provide) notifying you of any balances you may owe. If you have any questions or dispute the validity of this balance, it is your responsibility to contact our billing office within 30 days after receipt of the initial statement. The phone number for our billing department is listed at the bottom of your bill.